

AO 440 (Rev. 10/93) Summons in a Civil Action

# United States District Court

DISTRICT OF

UNITED STATES OF AMERICA

SUMMONS IN A CIVIL CASE

v.

CASE NUMBER:

04-30161-KPN

JEANNE E. GIARD

TO: (Name and address of defendant)

Jeanne E. Giard  
142 Jacksonville State Road  
Colrain, MA 01340

FILED  
11/12/2004  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Christopher R. Donato  
Assistant United States Attorney  
United States Attorney's Office  
1 Courthouse Way, Suite 9200  
Boston, MA 02210

an answer to the complaint which is herewith served upon you, within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

**TONY ANASTAS**

CLERK

*Mary Lynn*

(BY) DEPUTY CLERK

DATE

August 18, 2004

AO 440 (Rev. 10/93) Summons in a Civil Action

**RETURN OF SERVICE**

Service of the Summons and Complaint was made by me 1	DATE
NAME OF SERVER (PRINT)	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- ☐ Returned unexecuted: \_\_\_\_\_
- ☐ Other (specify) \_\_\_\_\_

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL
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**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Server

\_\_\_\_\_  
Address of Server

(1) As to who may serve a summons see Rule 4 the Federal Rules of Civil Procedure.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	United States		COURT CASE NUMBER	04-30161-KPN
DEFENDANT	Jeanne E. Giard		TYPE OF PROCESS	Summons, Complaint, Order
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONFINEMENT			
	Jeanne Giard (12-1-1932)			
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	142 Jacksonville State Road, Colrain, MA 02346			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	1
<input type="checkbox"/> Nancy Rojas U.S. Attorney's Office One Courthouse Way, Suite 900 Boston, MA 02210			Number of parties to be served in this case	1
			Check for service on U.S.A.	1

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Please make sure prior to November 18, 2004

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>[Signature]</i>		611-748-3288	9/23/04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	<i>[Signature]</i>	8/23/04

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time
42 Porington Ct Colrain MA	11/5/04 11:00 am
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

## REMARKS:

45 FBS9

77 FR13

Copy left at residence at 42 Porington Ct Colrain MA

DUSA Mike Nelson  
DUSA Rich WrasnaskasPRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/81)